Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	1-17-20014	Address:	986 US 150	
Incident #:	14ISPC000413		Hardinsburg IN	
County:	washington			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) One Pot or Birch Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
Flammable Solvents: <u>HIDDEN COMPARTMENT UNDER SINK BATHROOM</u>				
 Water Reactive Metal (Lithium): Anhydrous Ammonia: Corrosive Acid: Corrosive Base: <u>UNDER BATHROOM SINK IN HIDDEN COMPARTMENT</u> Other (item and location): Vehicle Information: 				
Owner: VIN: Year:		Make: Model:		
Yes No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated les occurring: O Additional Ir INVOLVED	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had beer occurring: OCTOBER 2013 Additional Information: OCCUPANTS NOT INVOLVED. CHEMCIALS STORED WHIEL RESIDENCE WAS VACANT.	
This report has been faxed* or emailed to the following agencies that serve the location:				
Health Depar	ent City, Township or County <u>Posey 7</u> tment County: <u>washington</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: 812 8		
For further information regarding this methamphetamine laboratory, contact				

Investigating Officer: Paul Andry Phone <u>812 459 2239</u>

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*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.